





SALEM COUNTY SHERIFF'S OFFICE SALEM COUNTY OFFICE OF EMERGENCY MANAGEMENT

APPLICATION COMMUNITY EMERGENCY RESPONSE TEAM (C.E.R.T.)

Before considering any individual as a volunteer in the CERT program, with the Salem County Sheriff's Office and Office of Emergency Management, certain information is required to be disclosed by the applicant.

This application must be completed and submitted with all questions answered and the "Pertinent Documentation" provided.

You as the applicant are responsible for providing accurate information on this application form and will be required to follow all the rules and regulations associated with this program.

**** WARNING ****

ANY "OMISSIONS", "FALSIFICATIONS", OR INTENTIONAL FAILURES TO

| DISC | LUSE MANDATURY INFORMATION BY YOU, COULD RESULT IN YOUR |
|------|--|
| REM | OVAL FROM FURTHER PARTICIPATION AT THIS TIME. |
| | I AM TAKING THIS CLASS FOR MY PERSONAL KNOWLEDGE, |
| | REGARDING INFORMATION ON HOW I CAN PROTECT MYSELF AND/OR |
| | FAMILY IN THE TIME OF A DISASSTER. THEREFORE, I DO NOT WISH TO |
| | BECOME A CERT TEAM MEMBER AT THIS TIME. |
| | |
| | I AM INTERESTED IN BECOMING A C.E.R.T. TEAM MEMBER FOR |
| | THE COUNTY OF SALEM. BY BECOMING A C.E.R.T. TEAM MEMBER I |
| | UNDERSTAND THAT I WILL BE ASSIGNED TO A C.E.R.T. TEAM AND |
| | THAT THE SHERIFF'S OFFICE SHALL BE CONDUCTING A CRIMINAL |
| | BACKGROUND CHECK. I HEREBY GIVE MY AUTHORIZATION FOR SUCH |
| | A CHECK TO BE COMPLETED BY THE SHERIFF'S OFFICE. PLEASE READ |
| | THE NEXT PAGE CAREFULLY BEFORE SIGNING SAID DOCUMENT. |
| | |

SALEM COUTY OFFICE OF EMERGENCY MANAGEMENT

PERSONAL DATA COMMUNITY EMERGENCY RESPONSE TEAM (C.E.R.T.) TO BE FILLED IN COMPLETELY (PRINT OR TYPE)

| 1. Last Name | First | | | Middle | Ma | aiden Nam | ie | |
|---|---|---|--|----------------|--------|------------------------|-------------|--|
| 2. Street Address | | City | | | State | Zip | | |
| 3. Date of Birth | 4. Place of I | Place of Birth (City) | | | | Place of Birth (State) | | |
| 5. Social Security Number 6. Alia | | | 7. Sex | | | | 7. Sex | |
| 8. N.J. Driver License | | 9. Position Applied For Emergency Management Volunteer (CERT) | | | | | | |
| 10. U.S. Citizen | 11. If Naturalized Provide Supportive Documents | | | | | | | |
| 12. E-MAIL Address 14. Phone Number: | | | 13. What Development Do You Reside In? | | | | | |
| Answering "yes" to the follow program, Factors such as date and this position applied for v | of offense, will be taker | serious n into co | ness and n onsideratio | ature of the v | violat | tion, reha | abilitation | |
| 15. Have you ever pled "g YESN If yes please provide date(s) a | 1O | | | | | a crime? | | |
| n yes piease provide date(s) a | mu uctan(8) | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SALEM COUNTY OFFICE OF EMERGENCY MANAGEMENT

STATEMENT OF TRUTH COMMUNITY EMERGENCY RESPONSE TEAM (C.E.R.T.)

| State o | : | | | | | |
|---------|--|--|--|--|--|--|
| Count | y of: | | | | | |
| | (PRINT YOUR FULL NAME) | | | | | |
| 1. | I am the applicant who is submitting this application form: | | | | | |
| 2. | I personally supplied the information contained in this form. | | | | | |
| 3. | I certify that all information I have provided in order to apply for this position as a C.E.R.T. Team member with Salem County is true, complete and correct. | | | | | |
| | I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered. | | | | | |
| | (LEGAL SIGNATURE) | | | | | |
| DATE | ED: | | | | | |
| Subsci | ribed and Sworn to | | | | | |
| Before | e me this day | | | | | |
| of | , | | | | | |
| | Notary Public | | | | | |

State